MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/889756	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19			1				69							
20				1			70							
21				1			71							
22				1			72							
23				1		••	73							
24				1			74							
25				1			75							
26				1			76							
27				1			77							
28				1		••	78							
29				1			79							
30				1			80							
31			1				81							
32			1				82							
33				1			83							
34				1			84							
35				1			85							
36				1			86							
37				1			87							
38				1			88							
39				1			89							
40				1			90							
41				1			91							
42				1			92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			3				TOTAL IND.							
TOTAL DEP.			21				TOTAL DEP.							
TOTAL CLAIMS			24				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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